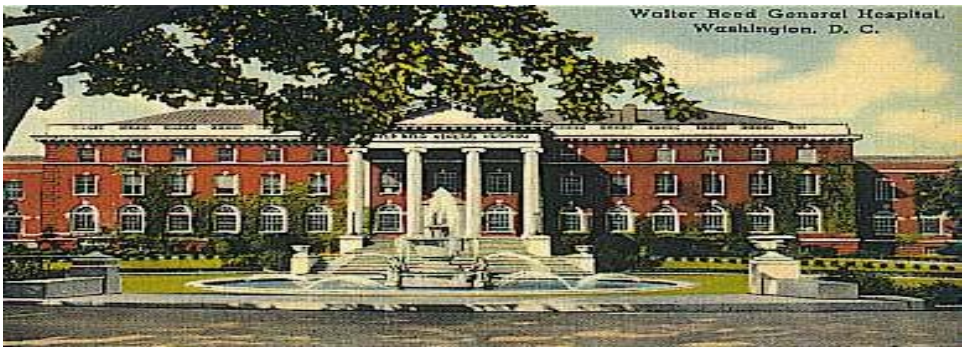
Walter Reed Cardiovascular Center



A Monthly Newsletter of the Cardiology Division of Walter Reed Army Medical Center

Commentary
Marina Vernalis, DO FACC

Happy Holidays from Walter Reed Cardiology!

The patient population with CHF continues to grow. Walter Reed was the first DOD hospital to receive JCAHO "Disease Specific Care Certification" for our CHF Clinic. E-consults, written consults and phone referrals are accepted. Cathy Franklin and Stacy Walsh will coordinate your patient's care.

Providers at Ft. Meade, Dover and Fairfax (and Woodbridge via Fairfax), remember that we are seeing new patient referrals at your clinics to improve patient ease of access and referral feedback.

Finally, we remain available for e-mail, phone or page consultations for all of our primary care providers throughout the NCA/NARMC. Utilize the provided contact information for patient diagnostic or treatment questions.

Cardiovascular Update
Stephen Welka, DO FACC FASE

"Valsartan, Captopril, or Both in Myocardial Infarction Complicated by Heart Failure, Left Ventricular Dysfunction, or Both" – Results of the VALIANT Trial*

Background: ACE Inhibitors have been demonstrated to reduce mortality and morbidity in patients who have sustained a myocardial infarction, especially in those with left ventricular systolic dysfunction and/or CHF. ARBs provide renin-angiotensin inhibition and may offer similar or even synergist benefit.

Methods: Randomized, double-blind trial of > 14,000 patients within 10 days of acute MI associated with signs of CHF and/or LV systolic dysfunction. Patients were assigned to captopril, valsartan or both. The primary endpoint was all cause mortality.

Results: With a median of 24.7 months of follow-up, mortality between the groups did not differ (16.9%, 16.8% & 16.9%). Combination therapy resulted in a higher rate of drug-related adverse events.

Conclusion: Valsartan is an effective alternative to captopril for high risk patients post-MI. However, this combination of ARB and ACE failed to improve survival, and unfortunately, increased adverse drug-related events.

*N Engl J Med 2003;349:1893-906. www.nejm.org

Guideline Review*
Daniel E. Simpson, MD FACC

Obtaining screening ECGs is common practice but the overall utility is uncertain. The following are the ACC/AHA guidelines for a baseline/initial evaluation electrocardiogram for patients with no apparent heart disease or dysfunction.

Class I
- To evaluate persons > 40 years of age undergoing physical examination
- To evaluate patients before administration of pharmacologic agents that are known to have a high incidence of cardiovascular effects (for example, chemotherapy)
- To evaluate persons before exercise stress testing
- To evaluate patients of any age who are in special occupations that require very high cardiovascular performance (for example, fire fighters, police officers) or whose cardiovascular performance is linked to public safety (for example, pilots, air traffic controllers, bus or truck drivers and railroad engineers)

Class II
- To evaluate competitive athletes

Class III
- Routine screening or baseline ECGs in asymptomatic persons < 40 years of age with no risk factors, except as specified under Class I or II

Class I – General agreement that procedure/treatment is useful & effective
Class II – Conflicting evidence and/or divergence of opinion
Class III – Not useful/effective and in some cases may be harmful

*ACC/AHA Guidelines for Electrocardiography (1992)

www.acc.org/clinical/statements.htm

Cardiovascular Trials at WRAMC

CARDIASTAR
PFO closure device versus standard anti-coagulation therapy with coumadin in patients with an embolic TIA/CVA and no other etiology

Questions/Referrals: Please contact Daniel Simpson

OPTIMIZE-HF
Assessment of inpatients with CHF and/or LV dysfunction to determine if guideline treatment is appropriately implemented

Questions/Referrals: Please contact Stephen Welka

WARCEF
Randomized, double-blind comparison of coumadin versus aspirin for the reduction of death and stroke in heart failure patients (EF < 30% and in sinus rhythm)

Questions/Referrals: Please contact Stephen Welka